U.S. FISH & WILDLIFE SERVICE FEDERAL FINANCIAL SYSTEM SUPPLEMENTAL INPUT FORM

DATE: REFERENCE NUMBER: Organization Organization Code Telephone Number						DOCUMENT CONTROL NUMBER: LIST THE FOLLOWING DATES DATE GOODS OR SERVICES ACCEPTED: DATE INVOICE RECEIVED: DATE SENT TO FINANCE CENTER: I certify that the goods or services have been received and accepted. Payment is hereby approved.											
									NAME/SI	GNATURE/TEL	EPHONE:						[] PARTIAL [] FINAL
									LINE NO.	ORGN	FUND	BFY	SUB- ACTIVITY	PROJECT	OBJECT CLASS	DESCRIPTION (If Applicable) Item No. / Invoice No.	AMOUNT
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USE THIS FORM WHEN COST STRUCTURES WILL EXCEED SPACE AVAILABLE ON OBLIGATION DOCUMENT OR AS INSTRUCTED IN THE FFS MANUAL

FORM 3-2127